

It will be seen that the suicides of the natives of Germany are equal to the total suicides of the natives of all other foreign countries.

Comparative List showing Age, Method, and Sex.

	MALES.																	Total.
	Unknown.	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	
Gunshot.....	...	1	1	11	37	28	28	23	24	24	19	17	11	8	3	2	...	237
Cutting throat.....	...	...	...	...	4	5	11	9	11	15	11	11	9	6	7	8	...	109
Drowning.....	2	...	...	3	4	12	8	8	7	8	10	3	3	6	1	1	...	76
Hanging.....	2	1	5	13	21	19	21	14	31	33	38	18	29	25	15	9	7	304
Poison.....	1	...	...	4	13	14	14	19	16	14	12	6	5	4	3	2	1	128
Not specified.....	3	...	3	3	19	24	13	15	27	29	23	10	16	12	4	3	2	206
Total—males..	8	2	9	34	98	102	95	88	116	123	113	65	73	61	33	25	10	1060
	FEMALES.																	
	Unknown.	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	
Gunshot.....	...	...	...	5	1	1	3	1	1	1	...	...	1	...	...	...	...	14
Cutting throat.....	...	...	...	1	3	2	2	5	2	2	2	1	1	1	...	1	1	24
Drowning.....	2	...	1	6	6	1	4	6	3	4	2	6	1	1	...	...	...	43
Hanging.....	1	...	...	...	7	5	7	4	8	8	12	6	2	5	...	...	1	66
Poison.....	...	...	2	13	10	13	16	7	...	6	2	...	4	1	...	1	...	75
Not specified.....	1	...	...	7	11	11	10	7	2	6	3	3	1	...	...	1	...	63
Total—females..	4	...	3	32	38	33	42	30	16	27	21	16	10	8	...	3	2	285
Grand total—males and females....	12	2	12	66	136	135	137	118	132	150	134	81	83	69	33	28	12	1345

From this table it will be seen that the greatest number of female suicides occur at the age of 30–35, while the greatest number of male suicides occur at 45–50, and that hanging is the most common method with men, and poison with women.

ARTICLE XII.

TWO CASES OF PERITONITIS APPARENTLY DUE TO DIPHTHERIA. By WM. C. DABNEY, M.D., of Charlottesville, Virginia.

IN the months of December and January last, there occurred in a large female school in this vicinity an epidemic of measles. The cases were, I learned from the attending physician Dr. Bowcock, generally mild, and all, so far as I know, terminated in recovery.

Following on the heels of the measles there occurred an outbreak of

diphtheria, which, with the exception of two cases, was so mild in character that the disease was not at first recognized, and Dr. Bowcock was not called in.

No cause could be found for the outbreak. It may safely be affirmed that no institution in the country is better managed, and nowhere is more attention paid to the hygienic surroundings of the pupils.

CASE I.—About the 10th of January, Miss M., one of the teachers, about 26 years old, was taken with quite a severe sore-throat, but as there was no diphtheria, so far as known, in this section at the time, no apprehension was felt. She was much better in a few days, and about the 15th her monthly sickness came on. This ceased on the 20th, and on the 22d she came to Charlottesville, a distance of six miles, on the train, and was very busy all day. She returned on the afternoon train much fatigued, and when she reached home she complained of “cramps” in her abdomen, but ate a hearty supper. In the night she suffered so much that she took some laudanum, and the next morning was well enough to be at breakfast.

During the day of the 23d she complained a good deal of pain, but Dr. Bowcock did not see her till the 24th, when he found her with considerable fever, marked tenderness in the lower part of the abdomen, a quick and rather weak pulse, and great nausea. Appropriate remedies were administered, and that night she seemed better, but on the following day, January 25th, he found her with an extremely weak pulse and in a state of collapse. I saw her at Dr. Bowcock's request about 3 o'clock on the afternoon of the 25th, and found her in a state of extreme prostration, pulse almost imperceptible; there was great restlessness and tenderness over the whole abdomen. She sank rapidly and died at 5 o'clock the same evening, consciousness being preserved almost to the last.

We were strongly inclined to attribute the peritonitis in this case to diphtheria, though neither of us had seen or heard of such a case before, nor had Dr. J. S. Davis, of the University of Virginia, who was kind enough to come to our assistance, but who reached the house only a little while before the young lady's death.

CASE II.—On the 5th of February following, I was called by Dr. Bowcock to see Miss O., one of the pupils in the school. She was suffering with diphtheria, and there was marked tenderness and pain in the abdomen especially about the lower part. Her pulse was very feeble, and her temperature high (I cannot recall the exact figure). Full doses of opium were administered and hot applications made to the abdomen.

Dr. Davis was kind enough to see the case with us the next day, and he agreed with us in the diagnosis, and gave, as we had done, an unfavourable prognosis. She threw up on the 6th a good deal of false membrane, and we were informed by one of those in attendance on her that she had passed membrane by the bowels also. The case ran a very similar course to the previous one, and the young lady died on February 7th.

The occurrence of peritonitis as a sequel or complication of diphtheria seems to be extremely rare, if we may judge from the fact that it is alluded to by very few writers on the subject.

In enumerating the different ways in which the disease may cause death

Dr. J. Lewis Smith does not mention peritonitis at all; possibly he may have been familiar with the complication but considered it so rare as to be practically of no moment. Dr. Jacobi, in his recent work on *Diphtheria*, is also silent about peritonitis.

Dr. Wardell, the author of the article on peritonitis in Reynolds's *System of Medicine*, quotes from Abercrombie an account of several cases of peritonitis occurring as a sequel to "diphtheria" which he observed in Edinburgh, in 1824. At the time the throat affection was supposed to be erysipelatous, but later investigations, Dr. Abercrombie states, showed that it was true diphtheria. He remarks on the similarity of the latter affection to erysipelas, and it may be well in this connection to mention that nearly all writers speak of the occasional occurrence of peritonitis as a complication of erysipelas and the eruptive fevers.

My friend, Dr. E. C. Carter of the army, has called my attention to the fact that Hillier in his work on *Diseases of Children*, p. 157, says, "among the rare sequelæ of diphtheria may be mentioned pleurisy, endocarditis, peritonitis, and erysipelas."

I believe it is also referred to by the author of the chapter on peritonitis in Ziemssen's *Cyclopædia*, but Oertel makes no reference to any peritoneal affection further than to say that Buhl in one instance found that "a considerable quantity of free blood had collected in the peritoneal cavity."

In the first case which I have mentioned in this paper we were at a loss at first to account for the peritonitis, though Dr. Bowcock, an unusually well-read and intelligent physician, suggested its probable connection with diphtheria. The diphtheritic attack in this case, however, had apparently terminated several days prior to the occurrence of the peritoneal inflammation, and in the mean time the patient had passed through a menstrual period and been exposed just afterwards to cold and dampness, and had, furthermore, undergone considerable fatigue. There is room, therefore, for doubt as to the directly causative influence of diphtheria.

In the second case I do not think that there can be a reasonable doubt that the peritoneal inflammation was due directly to the diphtheria, and it will be observed that membrane was passed by the bowels and ejected by vomiting during the height of the peritonitis. The young lady previously had been in perfect health, and she had been in no way exposed to cold, etc.; nor had she received any injury which might have produced such a result.